

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 561216

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4	1					
5		1				
6		2				
7	1					
8	1					
9		2				
10		2				
11	1					
12	1					
13		2				
14		2				
15	1	1				
16	1	1				
17		1				
18		1				
19	1					
20	1					
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47						
48						
49						
50						
TOTAL IND.	20		↓		↓	↓
TOTAL DEP.	18	←	←	←	←	←
TOTAL CLAIMS	26					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						